

Application Form

Please use this form to tell us about your complaint – so we can see if we're able to help you. If you are not sure about anything, or have difficulties filling in this form – contact us at lucy.collett@pasa-uk.com.

Applicants Details

Name:	
Position*:	
Scheme name:	
Email:	
Telephone:	

*must be a signatory on behalf of the Trustees or have authority to contact PASA on the scheme's behalf

Ceding Administrator

Organisation name	
Contact name and position	
Email:	
Telephone:	

Receiving Administrator

Organisation name	
Contact name and position	
Email:	
Telephone:	

Please tell us what your complaint is about (limit to 500 words)

Has the complaint been raised with the ceding administrator?	Yes		No	
If so, please provide the date:				

What response has been made to the complaint?
 Please enclose copies of any relevant paperwork.

Declaration

I'd like PASA to look into my complaint. To the best of my knowledge, all the information I have provided is accurate.	
Signature:	
Date:	

We will use the information provided on this form to ascertain if we can help you with your complaint. We may need to request further information from you.

Signed hard copies of this form should be sent to:

Lucy Collett, PASA, 2 Darley Close, Kettering, Northants, NN16 9XP.